Note: This is a sample template, it is not

	an OMB approved form.
Universal 911 Dialing- First Transition Report	
Please read instructions before completing	
Section 1 Carrier Identification Information	
Parent Company Name	
HunTel Systems Inc. Service Provider Name Arlington, Blair, Eastern Nebraska and Rock County Telephone Company	
Company Address, City, State, Zip	
HunTel Systems, Inc. 1605 Washington St. Blair, Nebraska 68008	
Service Provider Type Wireless • Wireline Wireline	
Name(s) of Wireless License Holder(s)	
N/A	
Contact Name	
Paul Nockels Contact Tel #	
402-426-6227 Fax #	
402-533-5799	
E-mail Address pnockels@huntelworld.com	
Section 2 Local Area 911 Implementation	
List all individual local areas covered by this report (e.g., Lee County, Virginia):	
See attached document	

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.
See attach document – Page 4
(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls
to the identified emergency response point.
See attached document page 4.
The carrier is currently working with Walthill, Winnebago, Macy and Rosalie Nebraska County officals to route 911 calls to the Thurston
County seat. 911 will be a long distance call. Basically, the county has to agree to cover the costs.
(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.
We expect to have the transition completed for the four communities by July 15, 2002
Section 3
911 Implementation Problems
(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.
The public safety officals haven't been able to make a decision on how to route 911 calls to the Thurston County dispatch center.
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with
public safety agencies and state and local authorities.
We sent letters advising the public safety agencies of the transition program. We also met with County Officals to further explain the transition
plan.

Section 4		
Certification - To be signed by an authorized representative of the reporting entity		
I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.		
/I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of 3-6-02.		
Signature Karen Aman		
Printed name of authorized representative Karen Aman		
Title General Manager / Vice President		
Date 3-6-02		
This filing is: original filing revised filing		
PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER		
TITLE 18 OF THE UNITED STATES CODE 18 U.S.C. 81001		